

# Weight Loss



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
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Check, circle, and complete all appropriate blanks.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

## S: Subjective:

How much weight does the patient believe has been lost and in what time frame? How long has the patient been incarcerated? \_\_\_\_\_

Does the patient appear obviously overweight or underweight? \_\_\_\_\_

Did the patient intend to lose weight? \_\_\_\_\_  
Has the patient's activity level changed? \_\_\_\_\_

Have the patient's food habits changed. \_\_\_\_\_

Does the patient have any other medical problems? Does the patient have history of recent illicit drug use? \_\_\_\_\_

Inquire regarding the development of a persistent cough, persistent pain, or change in body function. \_\_\_\_\_

## O: Examination:

T: \_\_\_\_\_ P: \_\_\_\_\_ Wt: \_\_\_\_\_

Inspect the patient's abdomen and palpate it for discomfort. \_\_\_\_\_

Assess additional organ systems as indicated by positive history or findings \_\_\_\_\_

## A: Assessment:

If the patient has not lost weight, assess "no problem identified."

If the patient has lost weight in an unintended manner, but the pace and quantity of weight loss is less than 10 pounds per month (and less than 20 pounds in six months), AND the patient appears generally healthy, assess "weight loss of undetermined significance."

If the patient has lost more than 10 pounds in a one month period or more than 20 pounds in a six month period, assess "alteration in body function, unexpected weight loss."

Assessment \_\_\_\_\_

## P: Interventions:

If no problem has been identified, inform and reassure the patient.

For "weight loss of undetermined significance"

- Reassure the patient and schedule him back to be weighed monthly for three months.
- At each weighing the patient's current situation should be identified
- At the end of the three month period the patient's chart should be reviewed by a HCP unless a problem has been identified sooner.

For "unexpected weight loss" or an obviously underweight patient,

- Refer the patient for routine evaluation by a HCP.

Comments: \_\_\_\_\_

Nurse's signature and date: \_\_\_\_\_

Reviewer's signature and date: \_\_\_\_\_



# Wound Management



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
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Check, circle, and complete all appropriate blanks.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**S: Subjective:**

Inquire how and when it happened. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If the injury was not recent, inquire what care has already been applied. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**O: Examination:**

T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ B/P: \_\_\_\_\_

Inspect the wound. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If it is actively bleeding, apply direct pressure until the bleeding stops. This takes precedence over further observation and examination.

If an impaling object is still embedded, stabilize it- DO NOT REMOVE. This also takes precedence over further observation and examination.

Inquire regarding last tetanus vaccination. \_\_\_\_\_

Inquire regarding medications and other serious illnesses. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Inspect surrounding and, if the wound is widely open, underlying structures. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If the wound is above a tendon, evaluate the integrity of the tendon by assessing the joint and muscular movements. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

If the wound is above an area containing major nerves and/or blood vessels, confirm downstream pulses and neurological integrity. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Assess "alteration in tissue integrity" and clarify with the type of wound and associated structural involvement.

Assessment \_\_\_\_\_

**P: Interventions:**

- Apply direct pressure with a sterile dressing to stop bleeding.
- Apply ice to reduce swelling and associated tissue damage.
- If large forces were involved, suspect underlying fractures and contact HCP for advice.
- Clean wounds with copious amounts of water (tap water may be used).
- If laceration is less than 5 cm long, consider use of tape (steristrips, butterflies, etc.) or skin glue.
- Cover with sterile dressings and advise patient to keep it clean and dry.
- Schedule patient for routine wound care until healed.
- Instruct patient regarding signs of infection (erythema (redness), heat, pain, drainage) and instruct patient to re-contact staff if these develop.
- Contact HCP and administer tetanus prophylaxis according to the following schedule:

If there is no history of ever being vaccinated	Consult with the HCP
If the wound is clean and vaccination is less than 10 years old	No booster necessary
If the wound is clear and vaccination is more than 10 years old	Provide booster (tetanus vaccine 0.5 ml IM)
If the wound is tetanus prone (deep, dirty, puncture) and vaccination is less than 5 years old	No booster necessary
If the wound is tetanus prone (deep, dirty, puncture) and vaccination is 5 to 10 years old	Provide booster
If the wound is tetanus prone (deep, dirty, puncture) and vaccination is over 10 years old	Contact HCP for orders regarding booster and immune globulin

Nurse's signature and date

\_\_\_\_\_

Reviewer's signature and date

\_\_\_\_\_

